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DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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CASE OF DILATATION OF THE HEART.

Dyspnœa,—Præcordial Pain,—Irregular Pulse,—Edema of Legs,—Death,—Effusion into Pericardium,—General Dilatation of Heart,—Lesions of Aortic and Mitral Valves.

[Reported by A. STILLÉ, M. D., Resident Physician to the Pennsylvania Hospital.]

DANIEL E.—T, æt. 59, entered the Pennsylvania Hospital on the 23d of March, in a state of intoxication; unable to give distinct answers to questions; breathing with great apparent difficulty; an anxious expression of face, and coldness of the extremities. The following note of his examination was made:—In the præcordial region there appears to be dulness on percussion over a much larger space, and lower, than usual, viz., in a triangular area, the apex of which is on a level with the left nipple, and half an inch within it, and the base extending from the edge of the left costal cartilages, an inch below the sternum, to the articulation of the fifth rib with that bone. In this extent there is marked dulness; the impulse of the heart can scarcely be felt, except by a soft, undulatory tremor; its pulsations are, however, distinct in the epigastrium; the eye can detect no vibration of the parietes of the chest over the heart, unless at the moment of complete expiration, when a slight movement may be perceived at the sternal articulation of the fifth rib, and also an inch below the left nipple. There is no distinct prominence of the præcordial region; the respiration can be heard faintly all over it. The sounds of the heart are so varied in force, rhythm, and tone, that the ear cannot analyze them distinctly; a blowing and clapping sound may be distinguished, the one and then the other having by turns the greater intensity; the pulse is very irregular, and can with difficulty be counted, but about every tenth pulsation is forcible, the nine following gradually diminishing in strength till a perfect rest of about a second occurs; at the end of this, another series of pulsations, another interval, &c. There are about ninety pulsations in a minute. There is no pain near the heart, except in the epigastrium. The patient is not conscious of any palpitations, except after some violent exertion.

Over the whole chest, but notably behind, is heard a mucous rhonchus, fine in some points, and loose in others; anteriorly these sounds are mingled with sibilant and sonorous rhonchi. Percussion is very sonorous from the clavicles to the nipples on both sides, and posteriorly the sonorousness is equally good on both sides. No bronchophony nor blowing expiration in any point.

Blood was taken by cups from the præcordium, sinapisms applied to the extremities, and an

ounce of castor oil, with fifty drops of laudanum administered.

24th. Patient enjoyed a much greater freedom in breathing after the application of the cups, and slept about half the night; bowels thrice opened without pain. The following note of his condition was taken on the morning of the 24th. Decubitus dorsal; skin dark brown; muscles developed and firm; hair scanty, brown, grizzled; eyes blue; expression calm, rather dull; right pupil more contracted than left, and more sensible to the impression of the light; no cephalalgia; sight and other senses unimpaired; intelligence inferior, but apparently natural; right corner of mouth drawn slightly outward; tongue straight, steady, moist, a little furred; deglutition easy; no appetite; no colics; abdomen supple, without any tumour; no pain but at epigastrium, where it is less than yesterday; urine free, of dark yellow colour, but lighter than it was; skin moist, of moderate warmth; pulse 90; slight œdema of feet and legs. Respiration 20 to 25, not deep; the chest dilates suddenly, and as if of one piece; it contracts rapidly; the intercostal spaces evidently depressed, during inspiration, between second and third ribs; the muscles of the neck take an active part in the mechanism of inspiration. Paroxysms of coughing several times in the day, with expectoration of firm albuminous sputa in a thin, clear liquid; auscultation and percussion in all points as yesterday. Patient can give no distinct account of his history, but says he has had shortness of breath for about three years.

Blister applied to præcordium; low diet; barley water; absolute rest.

26th. Free discharge from blistered surface; patient declares himself greatly relieved; he breathes more easily; expression of distress diminished; pulse as yesterday; no auscultation of heart on account of blister. The visiting physician, Dr. Wood, prescribes,

R. Calomel. gr. i.

P. Opii, gr. ʒ.

P. Ipecac. gr. ii. Sumend. ter in die.

27th—30th. No remarkable change in the respiration, nor in the appreciable state of the heart: expectoration of thin, frothy liquid, containing some viscid, rusty sputa. Prostration marked, particularly after talking; decubitus dorsal; skin has a yellowish tinge, as well as the sclerotica; copious sweats; occasional vomiting; three or four stools a-day, of moderate consistence; appetite very slight. Calomel and opium continued; ipecacuanha suspended.

May 1st. Prostration more considerable; expression less lively; cannot speak without getting out of breath; intelligence and senses perfect; no vomiting; stools doubtful; tinge of

sclerotica deeper; pain to right of spine, an inch below inferior angle of scapula; *percussion rather less resonant on right than on left side, below the spine of scapula; over same space a mucous rhonchus, fine at the root, and looser near the base of the lung*; on left side a mucous rhonchus, looser than on opposite side. Anteriorly, sonorousness on percussion great down to nipples on both sides; respiration vesicular. The sounds of the heart are now more easily analyzed; *the first is rude, but without distinct blowing; the second is sharp, shrill, and clapping*. The rhythm of the heart's motions is not natural, and corresponds to that of the pulse noted April 23d.

Moderate œdema of legs as high as knees; no evident tumour of abdomen, or distinct signs of effusion; urine high coloured; extremities cool; skin of trunk warm and clammy; pulse feeble, and so irregular as not to be accurately counted.

6½, P. M. Patient refuses to take brandy punch offered him; says that he loathes it, and that his time is come; prostration extreme; moaning; complains of pain in back and right side; pulse very feeble; sinapism to right side.

2d. E. continued to make much noise by his lamentations all night; this morning he sat up while his bed was making; asked for water, which the nurse went to procure him; when the nurse returned, he was dead.

Autopsy of E—t, twenty-four hours after death. Weather cool and clear; general colour of body yellowish; marbled; veins of surface distinct; rigidity marked; emaciation slight; some œdema of both legs and feet; percussion of præcordium gives same results as during life; subcutaneous fat considerable; muscles of dull red, well developed. *Abdomen* contained about one and a half pints of dark coloured fluid; no adhesions of peritoneum, no false membrane; right kidney about four inches, left five inches long; cortical substance very much developed; distinct from tubular, and filled with small yellow and red points; bladder contracted and empty; stomach about ten inches long, partially filled with whitish, sour smelling fluid; no injection of its mucous membrane, which is pale, and of good consistence; same contents and appearance of small intestine; cœcum contains a little mucus, membrane pale and sound. Liver very firm, even hard, presenting two substances with evident difference; one of a dark reddish-brown colour, and the other of a clear yellow in points; the gall bladder distended with dark, but thin bile.

Chest. *Left lung* adherent in patches posteriorly, and to diaphragm; no effusion into its pleural cavity; anterior portion remarkably light and crepitant, without notable development of cells; tissue there exceedingly tough; both lobes permeable to air, but rather less so near spine and posterior part of base; frothy mucus exudes on pressure; in the points just mentioned, the lung is redder and heavier, and less firm, but still resistant; no pus, no tubercles; bronchiæ contain small quantity of whitish mucus, their lining membrane thick, pale, puffed, and corrugated longitudinally. *Right pleural cavity* contains

about half a pint of yellowish serum; lung adheres firmly behind in middle third; on removing it there is found between the pulmonary and costal false membranes, a jelly-like substance, (which I take to be serum in the inter-pleural cellular tissue,) about three lines thick; the same appearance, though somewhat less, on left side; anterior portion of lung as on left side; the posterior, near the spine and at base, is less permeable to air than on left side; its colour is deeper, the tissue is more friable, and its section clearly granular; bronchiæ precisely as on left side.

Brain, offers no appreciable lesion of any kind whatever.

Spleen, small, shrivelled and firm.

Heart. Pericardium contains about six ounces of turbid fluid, of a reddish-yellow; the pericardium is of a dull red colour, without distinct capillary injection; its surfaces smooth, free, and without deposit. The heart weighs 3 lb. 11 oz. apothecaries' weight. Colour of heart externally, pale red; the course of its superficial veins much loaded with fat; its tissue is flabby, and, when laid upon the table, flattens itself remarkably; in this position, its greatest breadth measures four and a half inches, (Fr.;) its length, from apex to nearest point of pulmonary artery, four and a half inches, (Fr.;) the cavities all contain black clots. *The right ventricle* is of a brownish-red colour, its surface smooth and shining, and the maximum thickness of its walls two lines, exclusive of the *columnæ carneæ*, which are but little developed, and very loose in texture. The circumference of this cavity measures five inches; its length four and a half; circumference of pulmonary artery at free edge of valves, two and three quarters inches; these latter are free, smooth, and transparent; the lining membrane of pulmonary artery is of a light red colour; the tricuspid valves are of the same hue, and contain a few points of cartilaginous hardening.—*The right auricle*: parietes very thin, capable of easily containing a large hen's-egg; lining membrane as in ventriculo-muscular columns, developed and in general parallel to one another.—*Left ventricle*: five inches in circumference; length three and three quarters; greatest thickness of parietes, eight lines; at apex, (least,) two lines; *columnæ carneæ*, few and small; colour of interior, reddish-brown; lining membrane smooth and transparent. Mitral valve very small, incomplete, particularly in its usual attachment to the edge of the *ostium venosum*, and slightly rigid. Aortic valves opaque, of bright red colour, thickened and cartilaginous about their attached edges, with numerous points of cartilage disseminated over their whole surface, partially but not completely stiffening them. The aorta is studded for several inches with cartilaginous and ossific deposits, chiefly near the valves, and in masses of irregular form, generally about the size of a millet seed, and never above the general surface of the artery. At the free edges of the valves the circumference is two and a half inches. The interior of the left ventricle is perfectly smooth; the auriculo-ven-

tricular orifice is completely surrounded and contracted by a pad or thickening of cartilaginous matter, about two lines in thickness, and very hard towards the anterior surface of the heart; it is one and a half lines thick, and softer posteriorly; on the ventricular side of this formation, the cordæ pectinæ are attached, and they are themselves stiff and semi-cartilaginous. On the auricular side of the ridge just described, and towards the *foramen ovale*, there is a deposit of gritty, calcareous matter, seven lines long by four broad; one-half of this space is still almost covered by the endocardium; the other is open, excavated to the depth of one line, and has projecting from it, so as to overhang the auriculo-ventricular orifice, a rough granular mass of stony matter, irregular in shape, and brittle, measuring three lines long, by one and a half thick.

This case has been reported in considerable detail, not so much from the general interest belonging to it, as because it is the only one, within the reporter's knowledge, of a calcareous excrescence on the auricular side of the *ostium venosum*. Diligent search has been made amongst the standard works on diseases of the heart, as well as in the periodical publications of several years past, without the discovery being made of any history of a similar lesion; indeed, most of the authors, after describing the various alterations of the mitral valve, remark, that while these are frequent, the lesions of the left auricle near that valve, and the orifice it closes, are exceedingly rare.

Case of Acute Insanity; with Remarks. Reported by JOSEPH B. COTTMAN, M. D., Resident Physician at the Philadelphia Hospital, Blockley.

J— B—, æt. 35, gambler, entered the lunatic department of the hospital, May 29th, 1839, in a very excited state; can get very little of his anterior history at present; afterwards learned that he was born on the Eastern Shore of Maryland; was there a sailor; owned a boat; came to Philadelphia some three or four years ago, and sold it; a part of the money he loaned; with the other he commenced gambling; a short time after, his wife died; since that time, has been living with an abandoned woman; has children both by his wife and this woman; a few weeks ago he lost a large sum of money; immediately commenced reading the Bible, both day and night, until Tuesday evening, May 29th, when he became very much excited and noisy, broke the windows of his house, and attempted to destroy all within his reach; was taken by an officer, and brought to the hospital.

Present State. Patient is a large, muscular man; dark hair and eyes; expression wild; face flushed; pupils dilated; skin warm and dry over body; skin of head and face very hot; throbbing of carotids; pulse very much excited; answers some questions rationally, but will give no account of himself; when asked if he was an intemperate man, became very much enraged, and attempted to strike me; have since learned that

he was very intemperate; at one time he prays earnestly, at another curses bitterly, and uses the most obscene language; he was so unmanageable, that the keeper was directed to put a strait-jacket on him, and strap him to his bedstead, to prevent him from doing himself or others injury; this enraged him the more, and in the absence of the keeper he made a successful attempt to break loose; having obtained his liberty, he inflicted a severe blow on the head of an assistant with an iron lock; he was, however, again secured; his head was then shaved, and one hundred American leeches applied to his temples, and behind the ears; drew about twenty ounces of blood; he soon became quiet, and talked more rationally; earnestly entreated to be loosened; said he knew well, and was sorry for, what he had been doing, but he was *mad*; thought at the time all around him were attempting to kill him, more particularly myself; determined to "fight his way;" is now fully convinced that none meant to harm him; prays much, and calls upon his Maker to save him; says he has been a great sinner.

Treatment. Ice to head, and confinement to a dark room.

May 30th, A. M. Slept none, but remained quiet during the night; is still much excited; begs constantly to be sent home; says "he is himself again;" pupils much dilated; skin warm; pulse frequent, bounding; bowels constipated; have not been open since he came in.

Treatment. Half an ounce of the *oleum ricini*; continue cold applications to head.

P. M. In much the same state; has been very noisy during the day; sometimes hallooes, at others persists in the most obstinate silence. On entering his cell, found him in this state, lying on the floor; could not obtain an answer from him; countenance fixed; expression anxious; pupils very much dilated; bowels have been open very freely since morning.

Treatment. Apply the same number of leeches to temples and behind the ears; afterwards continue applications of ice.

31st, A. M. Slept five hours; very quiet during the night, until about three o'clock this morning, when he became very noisy, broke the straps which confined him, and attempted to break open his cell-door; at present is very obstinate, takes no notice of any thing, cannot elicit an answer to any question proposed to him; leeches drew about eighteen ounces of blood; became quiet immediately after the application of leeches, and fell asleep.

Treatment. Continue cold applications.

June 1st, A. M. Slept none, but was very quiet during the night; expression anxious; pupils moderately dilated; pulse feeble; skin cool; bowels open once in the last twenty-four hours; eats nothing.

Continue treatment, and commence with three grains of calomel night and morning.

2d, A. M. Slept none; no change for the bet-

ter since yesterday morning; positively refuses to eat any thing; has to be forced to do so.

Treatment the same.

P. M. Has been quiet during the day, until this afternoon, when he became very noisy for a short time; is now very quiet, and talks more rationally on some subjects than he has since he came in; thinks, however, that he is to be murdered; has a strong disposition to destroy himself; tongue coated with a white fur; pulse weak and feeble; no desire for food; bowels open once in twenty-four hours.

Continue treatment.

3d, A. M. Slept none; expression anxious; pupils slightly dilated; tongue coated; skin natural temperature; pulse feeble.

Continue remedies.

4th, A. M. Slept five hours and a half; appearance somewhat improved; observes objects, answers questions, still manifests a suicidal disposition; pupils natural, tongue cleaner, pulse rather stronger.

Treatment the same.

5th, A. M. Slept none; remained quiet through the night; this morning is in much the same state as yesterday; talks very little.

Treatment as before.

6th, A. M. Slept one hour; a little noisy during the night; is quiet, however, to-day, and talks rationally on many subjects; desired to have his strait-jacket off, and put on his clothes; was permitted to do so, on condition that he would conduct himself properly; walked about with the assistance of two men; feels very weak; much altered in appearance; very pale.

Treatment. Continue cold applications and calomel.

7th, A. M. Very quiet during the night; slept four hours; feels better; eat more yesterday than he has at any time since his entrance; to-day his strait-jacket was again taken off; very composed and quiet; asked for a Bible; sat up and read it for three or four hours; mouth is not affected by the calomel; pulse rather stronger; skin natural temperature; expression calm.

Continue remedies.

8th, A. M. Slept three hours; quiet this morning; his strait-jacket was taken off, and he was dressed; walked about; asked for a Bible, permitted to have it; read much during the day; eats very little; thinks some one wishes to poison him.

Continue treatment.

9th, A. M. Went to bed without his strait-jacket, as he was so quiet during the day; became noisy in the night; prayed much, and frequently quoted parts of the Bible; slept none; this morning has a determined expression on his face; fixes his eyes on an object, and looks at it steadily for five or ten minutes; is evidently more excited for having read the Bible so much for the last two days; it was therefore forbidden; permitted to get up and walk about.

P. M. In much the same state as morning; prayed much during the day; expression anxious; pupils dilated; pulse stronger and fuller.

Treatment. Apply fifty leeches to temples and behind the ears; continue cold applications and calomel.

10th, A. M. Slept two hours; became quiet immediately after the application of leeches, and remained so during the night; this morning is somewhat improved; eats very little.

11th, A. M. Slept four hours; rest disturbed; wakeful; appeared to dream much; awoke often and cried aloud, then prayed; still refuses to eat any thing cooked in the house; says it has poison in it.

12th, A. M. Slept three hours; quiet during the remainder of the night; no change since yesterday morning.

Continue treatment.

13th, A. M. Rested better last night; slept five hours; sleep less disturbed; this morning is more rational; expression better, and general appearance improved; has regained his strength somewhat; permitted to walk about by means of assistance.

Treatment. Discontinue cold applications; continue calomel.

14th, A. M. Slept five hours; refuses to eat; his mistress, who was now permitted to visit him, brought him food, which he eat; takes very little notice of her; talks much about his children; mouth is not yet affected by the calomel.

15th, A. M. Rested well; appetite improved; strength returning; is able to walk with very little assistance.

Continue calomel.

20th, A. M. Has been gradually improving since last note; rested well every night; slept from five to six hours; very quiet both night and day; walks about during the day without any assistance; eats better; general appearance very much improved; converses rationally; mouth is not yet affected by the calomel; since the 15th, has had a shower-bath occasionally at night.

Discontinue all treatment.

29th, A. M. Since last note, has been convalescing fast; appetite and strength has returned; sleeps well; colour has returned to his face, and his appearance is now natural; converses rationally on all subjects; for the last nine days has received no treatment; allowed a generous diet, and free exercise in the open air; at the earnest solicitations of his friends, he was discharged rather sooner than he otherwise would have been, though he was considered perfectly cured. I have since heard that he has shown no symptoms of insanity since he left the house.

Remarks. The immediate or remote cause of insanity is often very obscure; a variety of causes, both moral and physical, may have combined to aggravate this case. The excitement and depression of the gaming table, the precarious mode of life, and free indulgence in intoxicating liquors and sensual pleasures, had their effect; the immediate cause, however, of his attack, appears to have been the loss which he sustained. It is singular what different effects the same cause

produces on different individuals. Some it would have incensed and enraged; others it would have driven to despair and suicide; but he bore it calmly, and commenced reading the Bible,—the only consolation. It brought, however, any thing else but consolation to his troubled mind, for at the expiration of two weeks he began to show symptoms of insanity, amounting, in a short time, to raving mania; it assumed very much the character of religious insanity, and one would have pronounced it such without knowing any thing of his anterior history.

On his entrance into the hospital, the plan of treatment adopted appeared to be clearly indicated, viz: to remove or lessen the diseased condition of the brain, on which we had reason to believe the insanity depended as its immediate cause; this was done by the local abstraction of blood, not carried, it is true, to the same extent as practised by many, yet sufficiently so to calm the patient. "The late Dr. Rush was of opinion that the evacuation of blood ought to be carried to a greater extent in madness than in any other acute disease whatever. From a patient sixty-eight years of age, he caused two hundred ounces of blood to be drawn in less than two months. Another patient of Dr. Rush's lost four hundred and seventy ounces, by forty-seven bleedings, in the course of seven months." Pinel and Esquirol, on the contrary, maintained that blood-letting was rarely indicated, and, when practised, tended rather to retard than hasten recovery. Pinel was persuaded that bleeding gave to the disease a tendency to degenerate into dementia. "M. Esquirol coincides with Pinel in the opinion that the diseased state on which mental derangement depends, is sometimes changed for the worse by bleeding. He says that he has seen madness increased after an abundant flow of the catamenia, and likewise after one, two, or three blood-lettings. In such cases, melancholy dejection has passed into furious madness." Much might be said on both sides of the question, and cases brought forward to verify it; but the judicious observations of M. Foville place the subject in the true point of view. He says:—"Without ever having pushed the employment of this remedy so far as Rush and Joseph Franck, I confess that it appears to me to be one of those, in the efficacy of which the greatest reliance may be placed." In addition to the bleeding, other antiphlogistic means were made use of, viz., the application of cold to the head, and the exhibition of small doses of calomel night and morning. The local blood-letting was, however, the most important therapeutic agent employed, for it produced an immediate amelioration of all his symptoms, whenever resorted to; about fifty ounces of blood were taken from this man during the whole course of treatment. After having reduced the severity of the attack by these means, Dr. Gerhard thought it advisable to commence with small doses of calomel night and morning; and although it produced none of its peculiar effect after having taken it for twenty days, yet I cannot but believe that it had an alterative influence,

as well as its action in regulating the bowels, and aided materially in the cure."

Much obscurity still remains with regard to the treatment of insanity: although the efforts of Rush, Esquirol, Pinel, Pritchard, and many others, have given much valuable information on the subject, still much remains to be learned. The ill success which often attends the treatment of insanity, depends very much upon the want of appropriate institutions where this unfortunate class of individuals may be properly classified, and subjected to proper moral and physical treatment, combined with the medical. In an institution like this, comparatively little can be done in these respects; the place will not admit of it; the grounds around it are too limited; there is nothing to amuse, and very little to employ those who are disposed to work; yet as many, if not more cases of *recent insanity*, are cured here, as in any other similar institution. Efforts are now being made to establish a state institution for the insane, on a very liberal scale, and then we may have reason to hope that the *poor insane* of this state will be better provided for.

Case of Hypertrophy of the Colon. By N. L. THOMAS, M. D., of Tennessee.

To the Editors of the Medical Examiner.

GENTLEMEN,—In compliance with your request to contribute something to your valuable journal, I send you the following case, which is at your service. My attendance having been rather irregular, from the hopelessness of the case, the details are rendered somewhat incomplete.

Margaret, a negress, æt. 15, had been complaining for four years when I first saw her, 15th April. She was rather thin, somewhat under size, pulse normal, abdomen swelled, and subject to a remarkable degree of roaring, which could be heard at ten yards distance, and made her avoid going into company; the most considerable pressure, however, occasioned no pain. Bowels regular, and tongue clean; appetite weak; frequent colicky pains, with vomiting, particularly after eating, which made her very cautious in her diet. Mammæ considerably developed, but had never menstruated. By shampooing the abdomen for a minute, a great roaring commenced, and the transverse colon rose in bold relief above the other intestines, so as to be distinctly felt throughout nearly its whole course. These symptoms continued, with but little change, up to June 18th, she being able to perform moderate labour in the field. At the last named date, the vomiting increased so much, that stercoraceous matter was thrown up in considerable quantities. A dose of calomel and laudanum checked this symptom, but she never was able afterwards to perform her ordinary work, and was confined to the house till her death, which occurred August 29th. The only change that took place in the last six weeks of her life, was a diarrhœa, which could not be controlled, and gradually destroyed her. The treatment was mostly palliative after the first few weeks, and consisted principally of

the preparations of opium with astringents and tonics.

Autopsy.—External appearance usual, except the abdomen, which was much fuller than is common after such protracted confinement; the contents of the chest normal, except an old and firm adhesion of the point of the lower lobe of the left lung to the diaphragm; the contents of the abdomen were natural, except the alimentary canal; the stomach healthy, but rather small, and the coats seemed rather thickened; small intestines but slightly diseased, but the *colon* was of a lead colour, devoid of cells, and of at least four times its usual dimensions, except at one or two points, where it was red externally, and so contracted as not to admit the end of the little finger; the mucous coat was of the colour of stewed prunes, and could be readily removed by the finger nails. Ulcerations were found nearly throughout its whole extent, and their disposition was extremely singular. They were so placed as to range exactly with the transverse and longitudinal bands that produce its cellular appearance, and had removed every trace of these bands, and at once explained the smooth appearance of the intestine. Not only was the cellular structure removed, but the gut was evidently very much elongated. The ulcers were from a very small size to more than that of a ninepenny-piece, and were deep and well marked. There was an evident hypertrophy of the whole gut. The ileocolic valve was very much contracted, and seemed to consist of numerous muscular fibres projecting into the intestine in a confused mass. The colon was filled with a large quantity of fluid, of the colour and consistence of yeast. I forgot to say that the cystic duct was impervious, which will account for the colour of the fluid spoken of,—and the gall bladder was much distended. The uterus was very small. The internal surface was white, and approached the firmness of cartilage. The ovaries were also very hard. The mesenteric glands were from the size of hazlenuts to that of plumbs. They were filled, as usual, with caseous and calcareous matter.

Montgomery county, Tenn., Sept. 1st, 1839.

WASHINGTON CITY,
August 23d, 1839. }

To the Editors of the Medical Examiner.

GENTLEMEN,—In the extract from the case of Margaret T., published in the Medical Examiner, (33d number,) my young friend, who had charge of the notes of the case, has omitted to present some of its most interesting features, viz:—1st. The monthly discharge of a bloody fluid from the stomach, resembling the catamenia, which continued till about 1st January, 1832,—the period when the catamenia resumed their natural course. 2d. The daily discharge of the urinous fluid from the same organ for several years, up to the period of her delivery of twins; and, lastly, the great length of time this poor creature could exist without having her urine taken from her—gene-

rally six weeks—and often two, even three months.

In presenting this case to the public, I am induced to call attention to the following inquiries, on which I shall be gratified to have your views, should you deem them of sufficient importance to occupy a small portion of your valuable time.

Are not the two first clearly illustrative of the assumption of the action of the uterus and kidneys, by the stomach? Were the kidneys in fault? Was the secretion, after reaching the bladder, absorbed and carried off by the stomach and skin, not having a vent by the natural passage? In this event, how did it reach the stomach? By what agency were the convulsions, which were decidedly epileptic, produced? If by the irritation of the catheter, why did they continue so long after this source of irritation ceased to exist? We have often seen syncope produced by the introduction of the catheter, even convulsive twitchings,—but they would subside immediately upon its being withdrawn.

These convulsions resisted the most active remedial measures; nothing that we could devise seemed to produce the slightest amelioration of the attacks. Large bleedings, antispasmodics in very large doses, &c. &c., were resorted to both in anticipation and during the attacks, without effect.

Very respectfully, your ob't servant,
THOS. MILLER.

[There can be little doubt that there was a true vicarious menstruation—an assumption of the functions of the uterus by the stomach, which is by no means an unusual occurrence with women affected with certain forms of irregular menstruation.

It is much to be regretted that the occasion was not taken advantage of, for ascertaining whether the urine was really absorbed after having passed into the bladder. This is certainly against ordinary observation, and we should admit much more readily that the kidneys had, for a time, ceased their action, and that the urea was eliminated from the blood by the skin and stomach. If the patient had been more constantly under observation, it could have been known with certainty whether the urine was ever accumulated in large quantity in the bladder. The question, of course, cannot now be decided.

The convulsions we should regard as hysterical, and not strictly epileptic. That is, the irritation of the bladder and uterus was carried to a much greater degree than usual, and gave rise to intense and prolonged convulsions, assuming the epileptic form. This is certainly a most unusual symptom.

That the case was one strictly dependent upon

uterine irritation, is very clear from the subsidence of the symptoms after child-bearing. It is another of those anomalous forms of disease to which we apply the term hysteria, and which are at least curious from their developing many obscure physiological relations.—Eds.]

BIBLIOGRAPHICAL NOTICE.

MEDICAL AND TOPOGRAPHICAL OBSERVATIONS upon the Mediterranean; and upon Portugal, Spain, and other Countries. By G. R. B. HORNER, M. D., U. S. N., &c. &c. Philadelphia: Haswell, Barrington, and Haswell. 1839. 8vo., pp. 212.

THESE observations are the fruits of two cruises in the Mediterranean, comprising a period of six years,—the first performed in the John Adams, in 1831, '2, and '3; the second in the United States, in 1836, '7, and '8. They form a very agreeable *olla podrida* of entertaining and instructive matter, including notices of the climate, scenery, botanical and mineralogical productions, hospitals, and public institutions, of the fine countries washed by the Mediterranean.

The work opens with general observations on the climate of the Mediterranean, and the diseases which occurred in the crews of the vessels to which Dr. Horner was surgeon. The climate of the Mediterranean is temperate and humid, the character of the diseases various. Pulmonary affections, particularly phthisis, were exceedingly prevalent among the American crews. We learn that—

“During the last cruise, the number of cases of phthisis was very great, no less than eight of the men, and two of the officers having died of it, either on board the ship or on shore; save one of the latter, who died while returning home in another vessel. This number of deaths from phthisis was much disproportioned to that from other complaints, and although three of them originated in the United States; nevertheless, it serves to prove, that, notwithstanding the climate of the Mediterranean is celebrated for its mildness, and suitableness to consumptive persons, it is not as beneficial to them as is represented, and that not only they, but the well, should not think that while living in it they are out of danger, and will enjoy an exemption from this disease. Indeed, the climate, so far from being thought adapted to such patients, is believed by some persons to be decidedly injurious, and instead of putting a stop to the disease, to hurry on its progress to a fatal termination.”

These views, at variance with popular impressions, are confirmed by other writers. Dr. Sinclair, of the British Navy, states, that, in the

years 1810, '11, '12, out of a fleet of thirty thousand men, two thousand one hundred and thirteen of whom were on the sick list, four hundred and fifty-five were affected with phthisis pulmonalis. In a recent notice of the Statistical Report of the British West India Troops, (No. 4, p. 60,) we adverted to a similar fact with regard to the West Indies. Phthisis is developed to a greater extent, and is more rapidly fatal among the troops quartered in these islands, than among those serving in Great Britain.

There was an epidemic of cholera on board the John Adams, off Constantinople, in 1831. The non-contagious character of the disease is illustrated by the following facts:

“No person belonging to the vessel was near, or saw any inhabitant of Constantinople or of its vicinity who was, or to the best of my knowledge had been, affected with the disease. The officers were the first who went ashore, wandering through the streets, the bazaars, and other places; they mingled with crowds, formed of every class of the people, but chiefly of the lowest; which, as every where else, had suffered most from the disorder, and they yet were the last persons aboard who took it, and they were affected in the mildest manner. Their servants and the boatmen, who were similarly exposed, in like manner escaped with a few exceptions. Again, while the ship was at Long Island, the launch, with a crew of seventeen men, one of whom died of cholera, was sent frequently to Vourla for water, and though they without restraint associated with the people assembled there about the fountain, or crowding a grocery shop near it, nevertheless none of these latter were infected with the disease. Lastly, many persons of both sexes, and both young and old, belonging to the adjacent country, frequently visited the island on business or to gratify their curiosity. Some of them came near, others walked through the ancient reservoir where all the sick were placed, and notwithstanding they were so exposed to infection, none of them contracted the disorder, nor communicated it to their friends and neighbours when they returned home.”

Small-pox appeared twice on board the frigate United States, during the Doctor's cruise. He carefully vaccinated the whole crew with matter obtained from the vaccine institution at New York, and failed to produce a single genuine pustule on any one, whether previously vaccinated or not. This general failure is attributed *not* to impurity of the matter, but to an insusceptibility to the virus, which, the Doctor is inclined to think, exists in hardy, robust adults. But, do not the facts here prove too much? and would not a partial failure have been more to the point?

En passant, Dr. Horner expresses his disbelief in the doctrine, that, after a number of years, vaccination loses its protective power: he never met with any adult, once vaccinated in childhood, who was affected with small-pox, either in its virulent or modified character. The mass of evidence, however, seems to be on the other side of the question.

From general, Dr. Horner passes to special observations upon Portugal, Spain, and other countries of the Mediterranean. Out of a somewhat heterogeneous mass of information, we cull a few extracts, of more particularly professional interest:

"Present Condition of the Profession of Medicine in Spain.—Judging from what I have seen of the medical men in Spain, I do not think them worthy of the odium and disrepute under which they suffer in other countries. It cannot be denied that they are, and have been for many years, behind the members of the profession of several other kingdoms of Europe in improvement; that they have made few discoveries in the nature and treatment of diseases; in the proper method of curing wounds, fractures, and other injuries; or in the construction of instruments and apparatus; or in chemistry, and other collateral sciences. But, still, they are not as unskilful and as illiterate as they are represented; and whether they are deservedly so or not, it is certain that they possess great respectability and influence with all classes of society. Indeed, it is not a little surprising, that, amid all the revolutions, and many disturbances which have taken place of late in the kingdom, its faculty have been permitted in a great degree to remain in a comparative state of tranquillity; and while the members of every other profession have been retrograding, and the all-powerful priesthood have been reduced to the lowest condition, that they have continued unchanged, and have maintained themselves in all their pristine prosperity. It appears to me that one of the principal causes of the disrepute in which the Spanish faculty is held by their brethren, is the very small compensation they are said to receive for their services. Their compensation, measured by a foreign standard, is truly moderate and inadequate, but in reality is not so much so as believed; for in the first place, their fees being low, they are oftener employed; and in the second they are paid in cash, so that they do not from having long accounts, and numerous charges against their patients, appear to be in the receipt of very large incomes, and yet have in fact very small ones, as is the case in the United States and other countries, where accounts are kept for professional services rendered."

"The only periodical published is in Madrid, and this has so limited a circulation that it was impossible for me to obtain a single copy. For recent information they rely almost exclusively on French publications, and

chiefly on the periodicals published in Paris. The only English works I met with were those of Cullen, and other medical authors of about the same period. These works were mostly translated into Spanish. Of those by American authors I met with none; and the Spanish physicians seem to be acquainted with few of even the most celebrated of them. Finally, in consequence of the perusal of French publications, Spain having been so often overrun by their armies, and many of the Spanish faculty having been partly, if not altogether, educated in the medical schools of France, their practice appears to be chiefly that of the modern French school, though it still partakes considerably of the ancient practice in Spain and other parts of Europe."

The medical colleges appear to be on the usual footing. Professorships are filled by a *concours*. 'Bandages and Medical Jurisprudence,' we observe oddly jumbled together in a single chair at the college of Cadiz.

We have dwelt at such length upon previous points, that we cannot pause at Minorca, Marseilles, Toulon, Sicily, Malta, Corfu, the Archipelago, Palestine, Smyrna, and their "climate, animals, antiquities, curiosities, inhabitants, hospitals, bagnios, apothecaries, physicians, and diseases." The notices of these places contain interesting information of a varied character.

THE MEDICAL EXAMINER.

PHILADELPHIA, SEPTEMBER 14, 1839.

In one of our preceding numbers, we published a letter from a Parisian correspondent, which contained an interesting summary of a lecture of Dr. Dubois, (of Amiens,) on contagion and infection. The action of government in France is proverbially slow, and ancient customs are very reluctantly infringed; hence, the system of quarantine regulations subsists there nearly in its original form. A very slight modification in the rigour of these laws has lately been made, which diminishes the duration of quarantine for vessels arriving from the West Indies, or from American ports. No indulgence has yet been granted to vessels from the Levant, which are still obliged to undergo a rigorous quarantine in all the ports of the South of France.

The quarantine system is by some regarded as useless and injurious. This belief is founded on the difficulty of enforcing absolute exclusion of individuals who may labour under a contagious or infectious disorder, and on the evident fact that few diseases which are the subjects of quarantine regulations, are really susceptible of com-

munication from a patient to healthy individuals. Nevertheless, it is undoubted that the regulations of a well-ordered quarantine are most useful in preventing large numbers of diseased individuals, and the clothing and bedding which they may bring with them, from entering those cities which would favour the propagation of disease.

The diseases which are susceptible of contagion by the direct contact of morbid matter, generated in the human body, are of course very few in number; but those which possess the property of infecting healthy individuals, who are exposed to the emanations of a large number of diseased persons, are by no means rare, although they do not seem to possess the property of infection under all circumstances. They must be well characterized and severe forms of the disease, and not the slighter varieties of the affection. For example, typhus fever is most highly infectious, when it is of a malignant character; and the records of medicine, from the time of the black assizes down to the typhus of 1813, are full of cases which illustrate this property of the disease. But when, from the season of the year, or some other cause, the disease is a mild one, it rarely extends beyond a very small number of individuals. At Philadelphia, we had two very dissimilar but partial epidemics of typhus fever, in the years 1836 and '37. The former was severe, and the cases were extremely grave; the latter was extremely mild. In the severe epidemic, a large number of individuals exposed to the exhalations from the patients, were taken down with the fever, but in the milder epidemic those in attendance upon the sick were exposed to the disease with perfect impunity. In epidemics of dysentery, we observe the same infectious character of the disease; the emanations from the persons and from the alvine discharges of patients, very often communicate the disorder, while sporadic and mild cases are perfectly free from such property. Typhoid fever is very rarely infectious, but in certain epidemics there is very strong ground for believing that the infectious quality is acquired.

Diseases which are avowedly infectious vary as to the intensity in which this quality is possessed, and follow the general rule that the more severe the form of the epidemic, the more apt is it to assume a highly infectious form.

It is somewhat difficult to say in what the infectious principle resides. Probably it depends upon a miasm, or gas, generated in the body of the patient. This would seem to be

exhaled both from the mucous membranes and the surface of the body, particularly from the mucous surfaces. The peculiar smell characteristic of most diseases which become infectious, is most highly developed where this quality exists in the greatest intensity.

It will be seen that much of the confusion of ideas relative to infection and contagion, depends upon the want of definite notions upon the subject, and, perhaps, in a still greater degree, upon the varying intensity of the infectious property. The subject is one which often becomes a question of grave consideration for the physician, and therefore cannot be too carefully sifted, and cleared from all the extraneous matter which renders it obscure.

DOMESTIC SUMMARY.

American Authors in England.—Dr. Meigs' Philadelphia Practice of Midwifery, and Dr. Harlan's Medical and Physical Transactions, have been favourably reviewed, the first in the British and Foreign Medical Review, the second in Dr. J. Johnson's Medico-Chirurgical Review, for July of this year.

Cincinnati Medical College.—We noticed lately the resignation of Professor Gross. The remaining professors have since resigned, and the medical department of the College is for the present suspended.

Professor Griffith.—We learn that the University of Virginia is about to lose the valuable services of Professor Griffith, who intends retiring in consequence of ill health.

The Albany Medical College and the Thompsonians.—A notice appeared, some time since, in the American Medical Intelligencer, copied into the American Journal of the Medical Sciences, calling attention to a presumed coalition between the Albany Medical College and the Thompsonians. The following explanation of the affair, from the President of the College, appears to be satisfactory:—

"The Thompsonians, during their meeting in Albany, requested permission to visit the Albany Medical College, which was granted to them as to other persons who apply for the same favour. While there, they expressed to Dr. March their intention to recommend to their students to acquire a more thorough knowledge of 'anatomy, physiology, surgery and chemistry,' and asked on what terms they would be received into the

institution. Dr. March replied, that they would be received on the same terms as any other persons. It was neither intended by Dr. M., nor supposed by those who made the inquiry, that the Thompsonian students would be admitted to graduate, or be allowed any privileges which they would not enjoy in any other medical institution. For we suppose that no institution would refuse to admit an applicant to attend the lectures, simply because he might be a student of a Thompsonian doctor.

"The charter of the Albany Medical College expressly enjoins, among other requisites for graduation, 'that the student shall have pursued the study of medical science for at least three years after the age of sixteen, with some physician and surgeon duly authorized by law to practise the profession;' so that it would be out of the power of the faculty and trustees to grant degrees to Thompsonian students, even if they were disposed to form an alliance with them, such as, from Dr. Dunglison's remarks, he seems to suppose exists. Any other privilege but that of graduation, they would enjoy in common with other students in the Albany Medical College, as in other medical colleges in this country."—*Boston Journal*.

FOREIGN SUMMARY.

Cases of Congenital Luxation of the Upper Extremity of the Humerus. By ROBERT WILLIAM SMITH, Lecturer on Surgery at the Richmond Hospital School of Medicine.—The following cases, which we extract from a late number of the "Dublin Journal," are examples of a condition of the shoulder-joint, which, so far as we know, has not hitherto been described by authors. Congenital luxation of the head of the humerus presents two varieties, which Mr. Smith distinguishes into the *subcoracoid* and *subacromial*; of the former species he has seen three examples, of the latter but one.

Congenital subcoracoid luxation.

Case 1.—The first case of original luxation of the head of the humerus was that of Alexander Steele, about twenty years of age; he has been an inmate of the House of Industry, Dublin, for the last four years. He presents an example of congenital displacement of the left shoulder-joint, and upon the same side a specimen of that variety of club-foot termed *pes equinus*: he does not remember having ever met with any injury of the shoulder; the present condition of the joint has existed from the earliest period of his recollection. The muscles of the shoulder and arm are wasted to a remarkable degree, the circumference of the centre of the arm being three inches and a half less than that of the opposite side; the atrophy has likewise extended to the muscles which pass from the side of the chest to the humerus and scapula, so much so, that the left side of the thorax, measured from the centre of the sternum to a corresponding point posteriorly, is one inch and a half less in circumference than

the opposite side of the chest; the trapezius muscle, though not so fully developed as its fellow, still is not wasted to such a degree as the other muscles of the limb; it is the principal muscle which moves the scapula; indeed, it appears to be almost the only one capable of acting upon that bone; the left humerus is nearly half an inch shorter than the right.

The motions of the arm are extremely limited; as it hangs by his side he can merely swing it backwards and forwards, and even in this motion the scapula largely participates; he cannot abduct it in the least, or raise it in any direction; neither can it be abducted by another so far as to bring it to the horizontal line; in the scapula, however, there is a compensatory motion that is very striking; it moves with every motion of the arm; or, perhaps, it would be more correct to say, that the arm follows every motion of the scapula, as the muscles of the former appear to be quite passive, while the trapezius acts strongly upon the latter; indeed, so great is the mobility of the scapula, and so relaxed are its muscles, that when both elbows are pressed upwards simultaneously, and with equal force, the left shoulder can be made to rise between three and four inches above the right. Although the muscles of the forearm are not wasted to such a degree as those of the arm, still great difficulty (owing apparently to the atrophied condition of the biceps) is experienced in flexing the elbow-joint, so as to bring the forearm even to a right angle with the arm; and the means by which the patient does effect it are remarkable: the elevation is not performed gradually, but with a sudden jerk, in which the scapula is also raised considerably, and the arm applied to the side; and sometimes the body is also inclined to the opposite side, and the elbow supported upon the crest of the ileum. The head of the humerus can easily be pressed inwards, so as to allow of the finger being placed in the outer part of the glenoid cavity, and when the bone is pressed outwards towards the acromion, the remainder of the socket can be felt, situated apparently upon a plane posterior to the outer portion; the head of the humerus presents nearly its natural form, as far as can be ascertained by an external examination; the left acromio-clavicular articulation appears to enjoy an unusual degree of motion.

The shoulder has not the rounded form which is natural to it, yet still does not present the flattened appearance which marks the accidental luxation of this joint. The acromion process is prominent, and when the arm hangs by the side, the head of the humerus, distinct and prominent, is so far removed from the under surface of the acromion, that the thumb can easily be placed between them; by raising the elbow this appearance is altogether removed, and the joint assumes more of its natural form, still, however, wanting the rotundity and plumpness derived from a proper development of its muscles.

Congenital subcoracoid luxation.

Case 2.—Upon the morning of the 3d of April,

1839, I visited Mr. H—, æt. twenty, whose left shoulder-joint presents an example of congenital dislocation under the coracoid process; the appearances are so precisely similar to those detailed in the preceding case, that a full description of them would be useless repetition; it will be sufficient to enumerate a few of the leading characters of the deformity. As the arm hangs by the side, the head of the humerus lies under the coracoid process, and the outer part of the glenoid cavity can be felt beneath the prominent acromion; when the elbow is drawn forwards across the chest, the head of the humerus passes backwards beneath the acromion, vacating completely the abnormal portion of the socket, which can then be plainly felt; the muscles of the shoulder and arm are much wasted, but, as in the case of Steele, the trapezius appears to be as well developed as its fellow of the opposite side; the motions of the arm are very limited; he cannot raise or abduct it, and the motions backwards and forwards are almost the only ones enjoyed; even these are not performed without corresponding movements of the scapula; the deformity has existed since his birth, but became more obvious and striking as he increased in age and stature. For the opportunity of examining this case I am indebted to Mr. Adams.

Symmetrical subacromial luxations—Congenital.

Case 3.—A woman named Judith Tracy Doyle, æt. forty-two, a lunatic, died on the 8th of last February, in the House of Industry; she had been a patient in the lunatic department of the institution for fifteen years; she was subject to severe epileptic convulsions, in one of which she died. Upon the day following her death I made an examination of the body; the brain presented the appearances so frequently observed in idiots, and so accurately delineated by Cruveilhier; the convolutions of the cerebrum were small and wasted, and the anterior lobes were separated from the frontal bone by an interval of at least three quarters of an inch. When the clothes were removed from the body, I noticed (as did also Mr. Brabazon, who assisted in making the examination) a very singular, and to me, at least, a most unusual appearance of the left shoulder-joint, which, as the body was placed, first caught my eye; the head of the humerus seemed to have been dislocated upon the dorsum of the scapula; but finding that the opposite joint presented a precisely similar appearance, and reflecting upon the very rare occurrence of such an accident, I abandoned this idea, and expressed my opinion at the time, that we had got an example of double congenital luxation of the head of the humerus upon the dorsum of the scapula; so perfectly alike were the shoulders, that the description of one will be sufficient.

The coracoid process formed a very remarkable projection, and the acromion was unusually prominent, but still the glenoid cavity could not be felt beneath it; the head of the humerus formed a distinct tumour towards the dorsal surface of the scapula, beneath and behind the summit of

the acromion, and closely applied to its inferior surface: the arm was not removed from the side, and the forearm was rotated inwards. Upon examining the interior of the joint, I found that there was no trace of a glenoid cavity in the usual situation, but there was a well-formed socket, surrounded by a glenoid ligament, upon the outer surface of the neck of the scapula; broader above than below, and reaching upwards close to the under surface of the acromion; the tendon of the biceps, perfect throughout, adhered to the upper and inner part of its circumference: the aspect of this abnormal cavity was directed forwards and outwards. The head of the humerus presented the same oval form, with this difference, however, that in the latter case, as already described, the oval form was due to the deficiency of the posterior part of the head, while, in the case of Doyle, it was the anterior portion which was wanting; the lesser tubercle formed a very remarkable projection,—it was elongated and curved, so as to bear considerable resemblance to the coracoid process of the scapula.

Remarks.

On the foregoing cases Mr. Smith remarks:—It will be asked, why I consider these cases to present examples of congenital malformation, rather than the consequence of disease or accident? Many circumstances, and much reflection, have induced me to form this opinion. With respect to the first case, that of Steele, it is easy to prove that in his shoulder-joint we have an undoubted specimen of congenital luxation; the boy who is the subject of it never met with any accident, never received any injury of the joint, and it is well known that the condition of the joint which I have described has existed from his infancy, and that the articulation has never been the seat of pain, inflammatory action, or disease of any description: moreover the coexistence of a pes equinus would seem, in some measure, to confirm my opinion as to the nature of the affection of the shoulder.

The symptoms and appearances which have been described by more than one writer, as belonging to an accident termed *partial luxation of the head of the os humeri*, resemble very much those which present themselves in cases of congenital dislocation of the same bone, and I feel convinced that examples of the latter have been published under the title of partial luxation; and were it not foreign to the subject of my communication, I could easily show, that the same appellation has been given to a condition of the joint which is obviously the consequence of rheumatic disease.

I should think it scarcely necessary to occupy the time of the reader in attempting to prove that these joints presented examples of congenital luxations of the head of the humerus upon the dorsum of the scapula: the total want of a glenoid cavity in the natural situation, the perfect resemblance between the two abnormal sockets, in form, size, and position; the integrity of the tendons and ligaments, the singular form of the

head of the humerus, all confirm this idea. I might also add the very rare occurrence of such an accident as dislocation upon the dorsum of the scapula; few, comparatively speaking, have seen it; and who has witnessed its occurrence in both shoulders of the same person? Sir Astley Cooper mentions that he had met with only two examples of luxation backwards of the humerus in the course of eight and thirty years; and of such rare occurrence did the Baron Boyer think the injury, that to admit of its taking place he supposed there must exist some malformation of the articular surface.

This, as far as I have been able to ascertain, is the only allusion made by any writer to the deficiency of a portion of the glenoid cavity, as a cause of luxation of the head of the humerus.

Whether the dislocation upon the dorsum of the scapula be the result of accident, or the consequence of an original malformation of the glenoid cavity, the external characters of the affection are, as we might expect, similar in both cases; this will be apparent from the following brief examination of the appearances which I observed in the case of Judith Doyle. The transverse diameter of the shoulder, measured from the centre of the clavicle to the head of the humerus, was obviously greater than natural; the exact amount of increase, of course, could not in this case be ascertained, as both shoulders were similarly altered. Still, however, the distance between the two points that I have mentioned struck me at once as being greater than natural; indeed, it is a necessary consequence of the altered position of the head of the humerus. The acromion process did not project so much as it does in the other luxations of the shoulder, neither was the rounded form of the latter as much altered; the flattening was confined altogether to the anterior part of the joint; and what was lost in this direction was gained externally and posteriorly, where a round, firm tumour, indicated plainly the situation of the head of the bone. In the other luxations of the shoulder there is no remarkable projection of the coracoid process; it is, in a measure, obscured by the head of the humerus; but in the case we are considering, nothing could be more striking than the prominence formed by that process, owing, no doubt, to the removal of the head of the humerus from its vicinity. This is a symptom belonging to dislocation upon the dorsum of the scapula, that appears to have escaped the notice of British surgeons, although more than one of the continental writers have enumerated it; it was, I believe, first mentioned by Manne, of Toulon, afterwards by Sedillot, and very lately it has been much dwelt upon by Lepelletier. The arm was directed obliquely downwards and inwards, the elbow approximated to the side, and the hand and forearm in a state of pronation.

Such is a brief but accurate statement of the facts which I have observed relating to congenital luxations of the articulation of the shoulder. Our knowledge of these remarkable affections must, of course, be considered as still incom-

plete; we want a more extended series of observations; a larger number of cases must be grouped together to enable us to give a full and complete history of congenital dislocations of the shoulder.—*Lancet*, abridged from the *Dublin Journal*.

Artificial Anus made in the Groin, with success.—An infant three days old did not present any traces of the anal opening. The raphé of the perineum extended without interruption from the scrotum to the point of the coccyx. The abdomen was tender and tympanitic, but there was no vomiting. The infant had taken the breast several times, and had passed its urine without difficulty. An incision of several lines in length was made over the supposed situation of the anus, and carried to the depth of three quarters of an inch or more, but without success. It was decided then to open the cæcum in the right iliac fossa. An incision was made near the anterior iliac spine; a small knuckle of intestine presented itself, which was replaced, and the cæcum was found without difficulty. It was opened, and several ounces of meconium immediately escaped, followed by a remarkable amelioration of the symptoms. The progress towards cure was very rapid; the alvine evacuations continued to be passed by the artificial opening, and on the eighth day after the operation the sutures were removed.—(*Medizinische Zeitung für Heilkunde in Preussen.*)—*British and Foreign Quarterly*.

Influence of Civilization in the production of Insanity.—In an elaborate article on this subject, published in the last number of the "Annales d'Hygiène Publique," M. Brierre de Boismont has announced the following propositions:

Insanity is more frequent, and its forms more diversified, in proportion to the degree of civilization to which each nation has attained. It becomes more rare as the nation approaches the savage state.

In civilized nations, insanity commonly depends on moral causes; in uncivilized nations, on physical causes.

At different epochs and in different countries there arise various epidemic forms of insanity, determined by the influence of the dominant ideas of the time.

Any remarkable event, or any great public calamity, is sure to augment the number of deranged persons for the time being.

The increase in the number of insane persons follows closely the development of the intellectual faculties, passions, industry, wealth, and misery.

Insanity being thus shown to depend, in a great measure, on moral causes, and to be closely connected with the march of civilization, it follows that a chief element in its treatment should consist in the application of moral means.

M. de Boismont has illustrated his propositions with a great number of tables, from which we select the following:

Capitals.	Population.	Insane.	
London	1,460,000	7,000	1.200
Paris	890,000	4,000	1.222
St. Petersburg .	377,000	120	1.3133
Naples	364,000	479	1.759
Cairo	330,000	14	1.30714
Madrid	201,000	60	1.3350
Rome	154,000	320	1.481
Milan	150,000	618	1.202
Turin	114,000	331	1.344
Florence	80,000	236	1.338
Dresden	70,000	150	1.446

Lancet.

Dupuytren's Pommade for the Hair.—The following formulæ of this pommade are given, each as genuine, in a late number of the "Journal de Pharmacie."

By M. FONTAINE.

Beef marrow, four ounces;
Calomel, two drachms and a half;
Alcohol. ext. of cantharides, eighteen grains;
Essence of roses, four drops.

By M. CAP.

Beef marrow, two ounces;
Extract of canthar., eight grains;
Oil of roses, one drachm;
Essence of lemon, four drops.

The following, M. Recluz assures us, was shown to Dupuytren himself, at the Hotel-Dieu, and acknowledged by him to be exact.

Beef marrow, six ounces;
*Nervine balsam, two ounces;
Peruvian balsam, two ounces;
Oil of almonds, an ounce and a half;
Ext. of cantharides, sixteen grains;
Alcohol at 30°, one drachm.

Dissolve the cantharides in the alcohol; melt the marrow and the nervine balsam with the oil, and pass them through a fine filter; then agitate until it acquires the consistence of spermaceti, and add to it the Peruvian balsam, and afterwards the alcoholic solution. When the pommade has well set, fill two pots, containing each two ounces.—*Ib.*

Albuminous Urine.—We extract from the last number of the "British and Foreign Quarterly Review," the following table, in which the various causes that may give rise to the presence of albumen in the urine, are pointed out. The writer remarks that,—

"It is, perhaps, impossible to establish any classification of these derangements which shall embrace, under the same head, all those resembling each other in most essential particulars, and separate such as are marked by special characters; but we venture to propose the following, provisionally, as the least objectionable in the existing state of our acquaintance with the subject. A most important distinction between albuminous urines, practically considered, and one which of course exists in nature, is their being

thus impregnated during the process of secretion, (which might depend either on a morbid state of the blood, or on a defective exercise of its secretory function on the part of the kidney,) or simply by subsequent admixture; but as it seems hardly possible to decide, in many cases, to which of these categories albuminous urine belongs, we have not adopted it as the basis of our classification. Our fourth class is a full one; some of our readers may probably contend that it should be still fuller.

ALBUMINURIA MAY BE CAUSED BY

A. An abnormal condition of the blood, dependent on

Scurvy,
Purpura,
Hæmorrhagic eruptive fevers,
Absorption of pus?

—albuminous or dropsical effusions?

B. Lesions of genito-urinary apparatus.

a. Functional.

Essential hæmaturia,
Diabetes,
Secretory excitement of } Articles of
urinary organs and } food. Medi-
passages, produced by } cinalagents.
Active renal hyperæmia.

b. Organic.

1. Which cause the foreign admixture during the act of secretion:

Acute and chronic simple nephritis,
Pyelitis,
Bright's disease.

2. Which cause impregnation subsequently to the act of secretion:

Blood thrown out in cases of
Contusions, wounds,
Calculous pyelitis,
Cancer of kidney,
Fungous tumours,
Acute cystitis.

Tubercle,
Encephaloid,
Strumous matter,
Pus—e. g., in cases of prostatic abscess,
Muco-pus, in catarrhal inflammation of mucous membrane of urinary passages, especially of the bladder.

C. Accidental admixture of healthy genito-urinary albuminous products.

Semen,
Prostatic secretion,
Catamenial fluid.

D. Doubtful cause.

Acute febrile affections,
Hysteria?

Scarlatina { Primary fever,
Succeeding anasarca,

Gout?

Chronic diseases independent of renal lesion,
Chylous urine.

* For the composition of this balsam, see "Edwards' Manuel," p. 158.—ED. L.

Such seems to be a tolerably accurate enumeration of the various conditions under which albuminuria has been observed. From the facts related or referred to, the subjoined propositions are immediately derived by the writer.

1. To infer the existence of a special lesion of the kidneys from the mere presence of albuminuria, is utterly incorrect.

2. Consequently, boiling the urine of all the inmates of a hospital, according to the plan of certain observers, in order to determine the frequency of Bright's disease, is liable to lead to false deductions.

3. It will be necessary for future observers to specify the condition of their patients in respect of all the agencies presumed to give rise to a discharge of albumen with the urine, in order to entitle them to refer its appearance indisputably to any one of those agencies rather than another.

4. The characters of the albuminous precipitate itself, as well as those of the urine containing it, must be much more carefully noted than has hitherto habitually been done."

Treatment of Lateral Deviation of the Spine, by division of the Muscles of the Back. By M. JULES GUERIN.—M. Jules Guerin, editor of the "French Medical Gazette," who is, perhaps, the first authority in France on all points connected with deformities of the muscular or osseous system, has recently addressed the following letter to the Academy of Sciences, on a new mode of treating lateral deviations of the spinal column:

I have the honour of acquainting the Academy with the first results of a new operation which I have performed in twelve instances, with success, on patients affected with lateral deviation of the spine. The operation consists in dividing certain muscles of the back and spinal column. Those which I have divided up to the present moment are the trapezius, rhomboideus, levator scapulæ, sacro-lumbalis, longissimus dorsi, and inter-transverse muscles.

I have already demonstrated, in another work, that the majority of the deformities which affect the joints depend on spasmodic muscular retraction, the result of some affection of the nervous centres, or of the nerves distributed to the muscles. This proposition, which has been shown to be generally applicable to deformities of the neck, spine, hip-joint, wrist, and ankle-joint, &c., naturally led to the deduction of two corollaries,—

1. That the various species of deformity which affect the joints, &c., depend on muscular retraction, affecting variously the different muscles.

2. That the active treatment of each deformity should consist in the division of the muscles or tendons whose retraction gave rise to the specific deformity.

To obtain, however, the object in view, it was necessary to determine with precision the muscles on the retraction of which each deformity might depend; and, on the other hand, show, by

actual experiment, that the theory was correct; or, in other words, cure the deformity by the section of the muscles supposed to be affected. This I have done in cases of wry neck and in the different varieties of club-foot, and having extended the practice to lateral deviations of the spinal column, I have demonstrated the truth of the two following propositions:

1. The majority of lateral deviations of the spine depend on active muscular retraction, and their anatomical varieties are but the expression of this retraction occurring in various degrees in the muscles of the spine and back.

2. The active treatment of this order of deformities should consist in dividing (underneath the skin) the several retracted muscles.

The operations which confirm my theory, were performed on individuals of both sexes and of different ages; the youngest being thirteen, the oldest twenty-two years of age. The deviations had all arrived at the second or third degree, with torsion of the spine, and proportionate gibbosity. In some cases, a single section of the retracted muscles was sufficient for the cure; in others I was compelled to operate two or three times. In all cases I obtained immediately after the operation a well-marked degree of straightening of the spinal column; and in one case, that of a young man, twenty-one years of age, who had been treated mechanically for the last eighteen months, the deviation *immediately* disappeared after the division of the longissimus dorsi and corresponding inter-transverse muscles. In all the other cases I was enabled to complete the cure by mechanical means, and my success was constant. In the twelve operations which I have performed no accident of any kind occurred; there was no hæmorrhage; but little pain; no fever; and in all except one union of the wound by the first intention was obtained.—*Lancet, from the French Med. Gaz., June 20, 1839.*

On Varicocele, and especially on the radical Cure of that Affection. By H. LANDOUZY.—Sixty persons out of every hundred are affected with varicocele. Hence the necessity of studying this disease. The term varicocele, as usually employed, includes the two terms varicocele and circocoele, the first of which implies an abnormal enlargement of the veins of the scrotum; the last, of those of the spermatic cord, testicle, and epididymis. Varicocele never occurs without circocoele, and, in fact, always forms a consequence of it. The term varicocele is employed in preference to that of circocoele, and is understood to mean a dilatation of the veins of the scrotum and cord. The age at which it most frequently begins is from ten to thirty. Of forty-five cases, ten of which are reported by others, and thirty-five occurred in the practice of Landouzy himself,

13 were individuals between 9 and 15 years of age,
29 15 . 25
3 25 . 35.

The anatomical conditions which dispose to the frequent occurrence of varicocele, are the depending position and great length of the spermatic veins; the weakness of their parietes; the absence of valves; and, especially, the changes in respect to volume, which they are constantly undergoing. We may add to these, the pressure of a column of blood reaching from the second dorsal vertebra to the testicle, and occasional impediments offered by the inguinal canal. The disease is more frequent on the left than on the right side. It is, indeed, extremely rare on the right side, and almost never occurs only on that side. In eight out of seventeen cases, the veins of the right side were enlarged simultaneously with those of the left, but to a much less degree. It is very rarely necessary to operate on the right side. Out of one hundred and twenty operations performed by M. Breschet, one only was on the right side. The chief reasons which have been assigned for the greater frequency of varicocele on the left than on the right side, are the following:—1. The right spermatic veins open into the vena cava in a direction parallel to the axis of that vessel, while the left opens into the left emulgent vein at right angles to the current of blood which flows through it. 2. The greater length of the left spermatic vein. 3. The pressure of the contents of the sigmoid flexure of the colon. With regard to this last cause, Landouzy observes that only one out of seventeen patients was affected by constipation. Amongst the occasional causes of varicocele may be mentioned, all those which either prevent the return of blood to the heart, or determine it in large quantity to the organs of generation. These need not be particularized. There seems to be no close connexion between varix and varicocele. Of fifteen cases of varicocele, one only was affected with varices, and of twenty persons who had varicose veins in the lower extremities, no single one had varicocele. The symptoms of this disease are slight at first, and its existence is usually discovered by accident. There is a feeling of weight in the testicle, perineum, and loins, and an unusual twitching in the course of the cord; the scrotum is long, pendant, and soft, and increases rapidly in volume under the influence of heat or fatigue. The patient carries the hand, at every instant, to the scrotum, in order to give it a more favourable position. If the patient is not subject to much fatigue, if he does not remain for any length of time in the erect posture, and avoids all the exciting causes of the disease, a suspensory bandage will guarantee him against further suffering. But if the disease is allowed to go on unchecked, it becomes a source of constant suffering. A short walk causes extreme fatigue, the breathing becomes hurried, the face is bathed in sweat, and expresses the deepest distress. In some cases it is impossible to assume the erect posture, without the aid of a suspensory bandage. The case of one of the most celebrated dramatic authors of France is mentioned, who had acquired the habit of composing whilst rapidly pacing his chamber. This dis-

ease entirely put a stop to his perambulations, and with them to his literary productions. He was restored by an operation performed by M. Breschet. There is one symptom which our author has never known to be absent, but which has been omitted by other writers on this subject. It is an increased perspiration of the skin of the scrotum on the side affected. This secretion is, in some cases, so abundant as to require the use of a fold of linen. The superficial veins may acquire an enormous size. One case is mentioned in which they equalled, and even surpassed, the volume of the crural vein. Some cases are quoted from Pott and Sir A. Cooper, in which the disease seems to have made a sudden attack; in these instances, Landouzy thinks that the disease had existed in a less marked form, before the acute attack commenced. The atrophy of the testicle, which took place in more than one instance in which varicocele followed an accident, is justly attributable to the accident, and not to the varicocele which was the consequence of it; nevertheless, when the disease is very much advanced, the enlarged veins compress the testicle, and cause the absorption of it. Out of fifteen cases, our author found the testicle in a more or less advanced state of atrophy in nine. The occurrence of atrophy of the testicle, as a consequence of varicocele, is established by quotations from Celsus, Callisen, and Pott. Sir A. Cooper, however, does not seem to have met with any examples. One case, mentioned by Pott, is the only one in which atrophy of both testicles took place, but Landouzy has often observed the right testicle partially atrophied in varicocele of the left side. The atrophy of the testicle is proportioned to the extent of the varicocele. Not so, however, the pain, which is often most considerable where the veins are least enlarged. This fact is attributed to an enlargement of the small veins surrounding some nervous fibres. It is to the acute pain experienced in some cases, and to the constant uneasiness present in all, that the deep melancholy common to almost all diseases of the urinary and genital organs is to be ascribed. The chief object of Landouzy's paper is to prove the superiority of M. Breschet's method of compression to all others which have been recommended. Thirteen cases are related, in all of which great relief, in the majority a perfect cure, was effected by this means. The danger, too, of inflammation of the veins is much less than when other methods are resorted to: the cure, moreover, is accomplished in a less space of time.

As a preliminary step to the performance of M. Breschet's operation for varicocele, it is necessary that the diseased veins should be considerably distended with blood, in order that none of them may escape the compressing action of the forceps; for this purpose, in summer it will be sufficient that the patient should walk for some time previously, but in winter it will be desirable that he should also take a warm bath. This precaution being taken, and the scrotum being previously shaved, the patient stands up-

right before the surgeon, who, if the varicocele is on the left side, grasps the right side of the scrotum with his left hand, whilst with his right he endeavours to discover the situation of the vas deferens; this is not difficult; its normal situation is at the posterior part of the cord, its form that of a cylindrical stem, equal through its whole extent, its volume that of a large crow-quill, its consistence is hard though elastic, and may be compared to that of a nerve. But the best means of assuring yourself that you hold the vas deferens, is to press it between the fingers, when the patient should feel a peculiar painful sensation, referred both to the testicle and the groin, and which can scarcely deceive either the patient or operator. Having discovered the vas deferens, the operator draws it towards the septum scroti with the thumb and forefinger, and endeavours to separate the veins from it, and to collect them towards the external part of the scrotum. This sort of subcutaneous dissection forms the only difficult part of the operation, and requires patience and attention; the separation of the vessels must be made with the greatest care, in order that no vein should remain with the vas deferens and spermatic artery. The veins being thus separated, an assistant places the first forceps on the upper part of the scrotum, transversely, and as high as possible, but far enough from the root of the penis to prevent the formation of an eschar on it; it will be found convenient to raise the penis against the abdomen. The branches of the forceps should be carried as far as possible towards the septum, excluding the vas deferens, and at the external part of the scrotum a pedicle of skin about two lines in width, and containing capillary vessels only, should be left uncompressed. As soon as the first pair of forceps is properly placed, it should be screwed tight. The second pair should then be placed, in like manner, as low down as possible, without comprising the testicle, and should be tightened in the same way. An improvement in the construction of the forceps is the introduction of a supplementary blade, which may be depressed daily, by means of a screw, so as gradually to increase the pressure without augmenting the pain. It is necessary to be careful, that this increased pressure commences towards the septum, otherwise the vas deferens might be included between the blades. In general, severe pain is felt in the scrotum and groin, immediately after the operation; but this ceases in a few hours, and no further suffering is produced. A compress dipped in cold water should be applied to the scrotum, which should be slightly elevated. The forceps may be removed, from the fifth to the seventh day. The bridle of skin on the outside of the scrotum facilitates much the cicatrization of the wound, the edges of which would otherwise be widely separated by the erections of the penis, and by the weight of the testicle.—*Brit. and For. Med. Rev., from Journal des Connaiss. Méd-Chir.* Jan. Mar. 1838.*

* These papers have since been published as a separate work, by M. Landouzy.

M. Ricord's Practice in Phimosis.—He marks out with ink upon the skin of the prepuce, the situation of the dorsum of the corona glandis; a little in front of this mark, he draws two other lines, diverging in the figure of the letter >, reversed, and meeting below the frenum; laying hold of the prepuce with a pair of forceps behind these lines, he, with one sweep of the bistoury, removes the whole; the mucous membrane is then cut as far back as the edges of the retracted incision in the skin. In the next place he divides the frenum of the prepuce, and either ties or cauterises with the nitrate of silver the wounded artery.

M. Ricord is very anxious to impress upon the minds of his audience the necessity of securing the artery of the frenum, either by a ligature or by torsion. If it is attempted to do so by caustic, the surgeon should take care to wipe the end of the vessel quite dry before he applies the caustic, preventing the bleeding by compressing the posterior part with his fingers.—*London Lancet.*

An operation for Cancer in the olden time.—A cancer in Mrs. Townsend's breast, of Alverston, taken off by two surgeons; one's name was Clerk, of Bridgnorth, another's name was Leach, of Sturbridg. First they cut the skin across and laid itt back, then they workt their hands in ytt, one above and the other below, and so till their hands mett, and so brought itt out. They had their needles and waxt thread ready, but never ust them; and allso their cauterizing irons, but they used them not: she lost not above 3vi. (six ounces) of blood in all. Dr. Needham coming too late, staid next day to see it opened. Hee said it was a melliceris, and not a perfect cancer; but itt would have been one quickly. There came out a gush of a great quantitie of waterish substance, as much as would fill a flagon; when they had done, they cutt off, one one bitt, another another, and put in a glass of wine and some lint, and so let itt alone till the next day; then they opened it again, and injected myrrhe, aloes, and such things as resisted putrefaction, and so bound itt upp againe.

Every time they dresst itt, they cutt off something of the cancer that was left behind; the chyrurgions were for applying a caustick, but Dr. Needham said no, not till the last, since shee could endure the knife. They prepared her bodie somewhat, and let her blood the day before. One of the chyrurgeons told her afterwards, that shee had endured soe much, that hee would have lost his life ere hee would have suffered the like; and the Dr. said hee had read that women would endure more than men, but did not believe itt till now. The way how and where itt should bee cutt was markt with ink by one Dr. Edwards, who lives at Bridgnorth, Mrs. Townsend likt him very well; hee said iff they could prevent a gangrene, there was little fear, iff shee fell not into a feavour."—*Ward's Diary, (1648 to 1679.)*